

| POSITION                  | INITIALS | ID NO.  | DATE  |
|---------------------------|----------|---------|-------|
| FEE DETERMINATION         | 7/14/71  | 10/15   |       |
| O.I.P.E. CLASSIFIER       |          | 10/15   |       |
| FORMALITY REVIEW          |          |         |       |
| RESPONSE FORMALITY REVIEW |          | 7/14/71 | 11/21 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
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| 5     |       |          |      |
| 6     | ✓     |          |      |
| 7     | ✓     |          |      |
| 8     | ✓     |          |      |
| 9     | ✓     |          |      |
| 10    | ✓     |          |      |
| 11    | ✓     |          |      |
| 12    | ✓     |          |      |
| 13    | ✓     |          |      |
| 14    | 0     | 0        |      |
| 15    | ✓     |          |      |
| 16    | ✓     |          |      |
| 17    | ✓     |          |      |
| 18    | ✓     |          |      |
| 19    | ✓     |          |      |
| 20    | ✓     |          |      |
| 21    | 0     | 0        |      |
| 22    | ✓     |          |      |
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| 25    | ✓     |          |      |
| 26    | ✓     |          |      |
| 27    | ✓     |          |      |
| 28    | 0     | 0        |      |
| 29    | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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